

# UNITED STATES BANKRUPTCY COURT

District of New Mexico

In re:  
Francisco Javier Jayme

Debtor(s).

No. 13-05

Declarations by Debtor(s) for Electronic Filing  
of Chapter 13 Petition **without Schedules and Statements**

I (we) declare under penalty of perjury that the information provided in the petition is true and correct. I (we) request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I (we) understand that the schedules, the summary of schedules, and the statement of affairs must be filed with the court within 15 days of the date of filing this petition.

**I (we) have checked all boxes below that are applicable to this petition filing.**

Pursuant to New Mexico Local Bankruptcy Rule 1002-1, I certify that

☐ I have no spouse

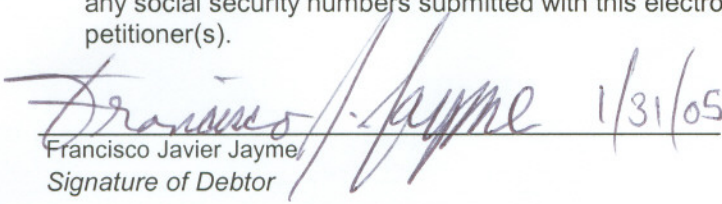
☒ I have a non-filing spouse, whose name and address are

Name: Alicia Jayme

Address: 105 Thoroughbred Ct., Santa Teresa NM 88008

☐ *If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7:* I am (we are) aware that I (we) may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

☒ Pursuant to Rule 1007(f) of the Federal Rules of Bankruptcy Procedure, I (we) declare under penalty of perjury that any social security numbers submitted with this electronic filing are the true and correct social security numbers of the petitioner(s).

  
Francisco Javier Jayme  
Signature of Debtor

\_\_\_\_\_  
Signature of Joint Debtor

☐ *If petitioner is a corporation or partnership:* I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

\_\_\_\_\_  
Signature of Authorized Individual

\_\_\_\_\_  
Printed name and title of Authorized Individual

Date Signed:

FORM 101